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FAX

OFFICIAL

To: Ms. Wanda Lawson
Company: USPTO Group Art Unit 2611
Fax No.: (703) 872-9306
Phone No.: (703) 306-2941
From: Stephanie M. Mansfield
Date: February 25, 2004 **Approx. Time:**
File No.: USSN 09/671,329 **Total Pages (w/cover):** 3

Message:

Dear Ms. Lawson,

Pursuant to our conversation earlier today, attached please find another copy of an Associate Power of Attorney for the above-referenced application (originally mailed on May 30, 2003 and then again faxed on November 18, 2003).

Thank you for your continued assistance in this matter. Should you have any questions or concerns, please contact me directly.

Sincerely,
Stephanie M. Mansfield
Reg. No. 43,773

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/671329
		Filing Date	09/26/2000
		First Named Inventor	Brian Joseph Donlan et al.
		Group Art Unit	2611
		Examiner Name	Not Yet Assigned
Total Number of Pages in this Submission	1	Attorney Docket Number	2000-0279


Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below)
Remarks		

CORRESPONDENCE ADDRESS


<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input type="checkbox"/> Correspondence address below	
NAME	Samuel H. Dworetsky		
ADDRESS	AT&T CORP. P.O. Box 4110		
CITY	Middletown	STATE	New Jersey
COUNTRY	United States of America	ZIP CODE	07748-4110
		FAX	732-368-6932

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Cedric G. DeLaCruz	Reg. #	36498
TELEPHONE	908-532-1882		
SIGNATURE		DATE	05/30/2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 05/30/2003

Type or Printed Name	Rosemary Drazenovich		
Signature		Date	05/30/2003

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450